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Policy, Politics, & Prevention
Working Towards Improving Health Outcomes

Region and Central Office Policy Initiatives 2006/2007

Prepared by
South Carolina Department of Health and Environmental Control
Office of Public Health Education

Message from the Director

It gives me great pleasure to welcome you to the 2007 Statewide Health Education Conference. This conference provides a forum for Health Education and Health Promotion Professionals working in the public and private sectors. The conference is being offered as a pre-conference event with the SC HIV/STD Conference (October 17-19, 2007) and as a special event to observe National Health Education Week.

Practical strategies to influence policy and environmental changes needed to improve population-based health will be our conference focus. This year we wanted to highlight region and central office initiatives around policy development. Policy interventions, as an effective tool for health promotion and disease prevention, have increased in use and importance during this decade. Skills for facilitating policy-based interventions are critical as we work towards changing norms in communities.

I currently serve as Immediate Past President of the National Directors of Health Promotion and Education (DHPE). DHPE has played a leadership role with training and technical assistance with this core public health competency. Several publications and online resources on health policy and environmental change are now available. One recent publication, *Specialized Competencies for the Public Health Workforce* identifies competencies needed to change policies, systems, and built environments. You can access the entire toolkit at www.dhpe.org/PolicyTools.htm. They give the following definitions for two types of public health interventions:

1. **Policies**, which include laws, regulations, and rules (both formal and informal). Examples may include laws and regulations that restrict smoking in public buildings or organizational rules that allow time off during work hours for physical activity.
2. **Environmental interventions**, which include changes to the economic, social or physical environments. Examples may include the availability of low-fat choices in cafeterias or incorporating walking paths and recreation areas into new community development designs.

Collaboration and partnership are key factors in creating community change. This conference booklet is a compilation of policy and/or environmental change successes at the state or local level. The submissions detail factors that were important in the process. The Office of Public Health Education is pleased to acknowledge all of your collaborative efforts to improve the public's health!

Sincerely,



Lavell Thornton, MPH, CHES
State Director
Office of Public Health Education
1751 Calhoun Street, Columbia, SC 29201
Phone (803) 898-0811
thorntlr@dhec.sc.gov

Policy, Politics, & Prevention – Region 1

1. Disease/Health Issue

Statistics in the state of South Carolina show that the issue of smoking impacts pregnant women. According to DHEC's Pregnancy Risk Assessment Monitoring System (PRAMS) from 1993-2002, the percentage of women who smoke three months prior to becoming pregnant is close to 25%. While that number drops to around 15% during the last three months of pregnancy, it begins to increase again during the months after delivery to around 20%. Within Region 1, numerous counties have a very high percentage of women who smoke during pregnancy. Research shows that cigarette use during pregnancy contributes to low birth weight infants and preterm delivery. Furthermore, second hand smoke continues to affect the infant after delivery and can contribute to ongoing medical problems.

2. Type of Intervention

The intervention involved informal policy change within the medical community pertaining to prenatal and postnatal smoking cessation. Although, there were no formal written policies adopted, many of the trained medical practices have modified their documentation forms to address the 5A's with each patient at each visit.

3. Short Description of the Policy and/or Environmental Change Intervention

The "*Fresh Air for Baby and Me*" project delivers training and support to physician practices for implementation of the Public Health Service's Clinical Practice Guideline, *Treating Tobacco Use and Dependence* 5A's Smoking Cessation Program. The practices are located in five counties that have the highest rates of women who smoke during pregnancy within SCDHEC Region 1. The targeted counties include Oconee, Anderson, Laurens, Abbeville, and Greenwood.

The project's goal is to decrease the smoking rates and/or the amount smoked by pregnant women and women of reproductive age. We are providing training in the 5A's to a variety of healthcare providers that encounter women during, prior to, and after their pregnancies. The project builds partnerships with local medical practices that provide prenatal care to address the issue of tobacco use during pregnancy. In addition, pediatrician practices have also been trained in order to decrease smoking among new mothers and to help eliminate secondhand smoke exposure to infants and children. These partnerships will help to decrease the overall smoking rate of pregnant and reproductive aged women within Region 1.

The "*Fresh Air for Baby and Me*" project has both a primary and secondary target audience. The primary target audience is the trained physicians, nurses, and other staff within the healthcare facilities and local health departments. The secondary target audience is pregnant and reproductive aged women who smoke within these counties. The project utilizes the US Public Health Service's Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, known as the 5A's. The 5A's method is based on a meta-analysis of research studies and is noted as a best practice method for smoking cessation. This intervention was selected because it is a best practice designed to be easily implemented and utilized through a systems approach.

4. Key Partners and Alliances Involved in the Change Effort

The March of Dimes provided the funding for the project. However, the project's most crucial alliances are the specific medical practices that were trained within the targeted counties.

5. Support Role of the Health Department/Staff

A community health educator served as the project's manager. She received assistance from other health department staff within the targeted counties to help recruit and successfully train medical practices. The project manager provided medical practices with data and science-based evidence related to smoking during pregnancy. She continues to provide technical assistance and monitor implementation of the 5A's in medical offices.

6. Factors That Were Important to Success

Collaboration, utilization of an evidence based best practice, and a good plan were all factors that contributed to the success of the policy/environmental change. Collaboration with the medical practices allowed for easier access to the staff. A good training plan also ensured that the limited time frame for training was fully utilized. In addition, providing the practices with a proven best practice method helped to ensure the success of the environmental change within the individual practices.

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

A computerized tracking system through *Epi Info* was created by Region 1 epidemiologist and the project manager that allows access by multiple users, analysis of patients who were counseled using the 5A's approach, and patient progress with smoking cessation. The tracking database is explained during each training session with the medical facilities. Subsequent training is offered for those practices that wish to utilize the tracking system for evaluation purposes. In addition, the project manager provides continued follow up and technical support with the trained facilities. This will aid in the elimination of barriers to successful implementation of the environmental change while monitoring the facilities' progress.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

By the end of the second year of funding, it is anticipated that a total of 14 of healthcare facilities will be trained in the 5A's program with approximately 10-12 participants receiving training in each facility. This suggests an estimated 140 healthcare providers within the targeted counties will be reached by the project. Due to such a large number of healthcare providers being trained in the 5A's program within the noted counties, it is anticipated that a significant number of pregnant women receiving medical care from these providers will be counseled in the 5A's.

With proper implementation and sustainability of the policy/environmental change, we expect a decrease in negative health outcomes and reduced costs associated with pre-term deliveries, low birth weight, and complications linked to tobacco using during and after pregnancy.

Submitted by:

Name Danielle Shatley-Poore, MPH, CHES
Phone 864-260-5801

Headquarters Region 1, Anderson
Email shatled@dhc.sc.gov

Policy, Politics, & Prevention – Region 2

1. Disease/Health Issue

Cancer Prevention/Smoking Cessation

2. Type of Intervention

Policy change (developing or strengthening smoking policies) and environmental change (staff trained on smoking cessation to provide ongoing cessation classes)

3. Short Description of the Policy and/or Environmental Change Intervention

Smoking is a major factor in Cancer, the second leading cause of premature deaths in Greenville County. In 2004, Greenville County had over 80,000 smokers and totaled more than \$7.9 million dollars for smoking related hospitalizations. Based on Census 2000, Greenville County had over 296,250 people over the age of 16 in the workforce which means that 78% of the population was considered to be working on most days. Interventions planned or performed at worksites seemed to be the most effective way to reach the larger population of smokers because almost 60,000 smokers are in the workforce.

A program called “Dedicate to Quit” (D2Q) was developed to provide worksite smoking cessation classes. It was originally designed to provide classes to the worksites, but later revised to train interested employees to provide ongoing smoking cessation classes at their worksite. A second component to D2Q was developed to provide a support group (D2Q Forever) to quitters who needed cessation support. Realizing that businesses needed a structured worksite support system, a survey was mailed to 125 employers (members of the Greenville Society of Human Resource Managers) asking if they had existing smoking policies and what plans they had for strengthening them to support any smoking cessation efforts at their worksites. Eight employers responded and noted that they needed to strengthen their policies. A follow-up survey generated interest from twenty-one additional employers who wanted more information on either developing or revising their smoking policies.

4. Key Partners and Alliances Involved in the Change Effort

Greenville Family Partnership (GFP) (Tobacco Coordinator)
SCDHEC Region 2 Health Education Department (Health Educator)
Employers participating in “Dedicate to Quit”

5. Support Role of the Health Department/Staff

Region 2 Health Education staff mobilized the community partner to establish and maintain programs via grant funds, provided technical assistance and contacts around planning and research for the D2Q project and provided sample policy materials from a variety of resources.

6. Factors That Were Important to Success

Dedicate to Quit would not be successful without the support of senior-level management in each business. Human resource managers were key leaders to help gain support from upper-level

management. With assistance from the GFP Tobacco Coordinator, some managers were able to get their employers to subsidize smoking cessation drugs and other support aides for employees.

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

GFP's Tobacco Coordinator conducts periodic follow-up with participating employers and documents their progress and reports outcomes quarterly to the DHEC Health Educator. Also, in collaboration with other cancer grant partners, referrals are made to ensure ongoing community support.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

Dedicate to Quit has impacted hundreds and has potential to impact thousands of smokers in Greenville County. To date, twenty employers have implemented changes in their smoking policies and ten have requested more information on how to start smoking cessation programs at their worksites. Currently, D2Q has five participating employers that have over 2,350 employees. Over 470 of those employees are potential smokers. Dedicate 2 Quit will evaluate their current smoking policies and help to support changes that will foster effective smoking policies and cessation programs that may impact the work environments (i.e. designating "Smoking" areas or by becoming "Smoke-Free"). Some employers may offer incentives (insurance discounts, support aides, monetary prizes, etc.) and establish "buddy" programs to support employees.

Submitted by:

Name	Lillie M. Hall, MHS, MPH, CHES	Headquarters	Region 2, Greenville
Phone	864-282-4129	Email	halllm@dhec.sc.gov

Policy, Politics, & Prevention – Region 3

1. Disease/Health Issue

Despite significant advances in treatment for tobacco dependence, the medical community has been less than enthusiastic about addressing the number one preventable cause of death and disability in America because members perceive the problem as unmanageable. Healthcare professionals often cite a lack of training and time constraints as barriers in addressing the issue with clients.

Tobacco use is a major risk factor of the three leading causes of death in Newberry County - heart disease, cancer, and stroke, and smoking contributes to all major illnesses and health conditions. In 2004, heart disease was the leading cause of death in Newberry County, and the county smoking rate was equal to the state smoking rate of 24%.

2. Type of Intervention

Environmental Change (changes to the economic, social or physical environment)

3. Short Description of the Policy and/or Environmental Change Intervention

Through a partnership with the Living Water Foundation in Newberry and with two rounds of grant funding from the S.C. Department of Health and Environmental Control Division of Cancer Prevention and Control (January 2005 - June 30, 2006), healthcare providers in Newberry County received training in the *US Public Health Service Clinical Practice Guidelines for Treating Tobacco Use and Dependence*. Without the availability of Preventive Health Block Grant funds to cover salary costs, this project would not have been possible. The trainings, which include assessing a patient's willingness and readiness to quit using tobacco products through a brief intervention, were conducted by DHEC Region 3 Chronic Disease Risk Reduction staff. The project's objective was to increase the number of health care centers that adopt the Guidelines as a standard practice so ultimately providers will be encouraged to help patients seek cessation resources and learn about the dangers of tobacco use. Initiatives include:

- Targeting all healthcare centers and providers in Newberry County including, but not limited to, physicians' practices, dental practices, Newberry College Student Health Center, and the Newberry County Health Department
- Implementing a referral system for tobacco cessation services available within the county that can be accessed by individuals wanting to quit using tobacco products
- Tracking the number of referrals made for cessation services

4. Key Partners and Alliances Involved in the Change Effort

SCDHEC Region 3	SCDHEC Division of Cancer Prevention and Control
Living Water Foundation	Lovelace Family Medicine
Newberry Family Health Center	Emmanuel Family Clinic
Compass Family Practice	Newberry Hospital Wellness Center
Newberry County Memorial Hospital	Newberry College
Newberry County Health Department	
Newberry Tobacco Intervention Prevention Strategy (TIPS) Program	

5. Support Role of the Health Department/Staff

Region 3 Chronic Disease Program staff provided training to healthcare providers in the *Clinical Practice Guidelines for Treating Tobacco Use and Dependence*. Region 3 Chronic Disease Program staff also prepared and submitted all required reports to the grantor. Newberry County Health Department staff received training and provided referrals for cessation services.

6. Factors That Were Important to Success

Community partnerships were essential to the success of this project. Newberry Tobacco Intervention & Prevention Strategy (TIPS) Project provided assistance in identifying and training the health care professionals in the Clinical Practice Guidelines and coordinated the cessation referrals and follow-up contact. Through this partnership, DHEC Region 3 was able to work with a variety of healthcare professionals in Newberry County and establish relationships with them. This partnership also brought more attention to the importance of smoke free public places exemplified by the smoke free policies adopted by Newberry College, Newberry County School District, and Newberry County Memorial Hospital. Due to overwhelming community interest, Newberry County Memorial Hospital Wellness Center decreased the cost of their eight week tobacco cessation program by \$115.

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

DHEC Region 3 staff track the number of businesses and municipalities that adopt smoke free public place policies in Newberry County. The region continues to serve as a partner in the Smoke Free Newberry campaign. The TIPS Program continues to receive referrals for cessation services and make follow-up contact with those individuals who wish to quit using tobacco.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

At the end of eighteen months on June 30, 2006, eight health care centers, including the county health department and Newberry College, received training. As a result of the partnership between the Living Water Foundation and DHEC Region 3:

- Thirty-six healthcare professionals received training
- A total of 230 referrals for cessation services were made, which indicates that each of these patients received a brief tobacco intervention from their healthcare provider
- Newberry County Memorial Hospital adopted a policy to institute a tobacco-free campus on January 1, 2007. Research has shown that smoke-free and tobacco-free policies lead to an increase in the number of people seeking cessation resources
- Newberry County is considering the adoption of an ordinance to ban smoking in all public indoor workplaces which includes restaurants and bars

Submitted by:

Name Suzanne Henson, MPH, CHES
Phone 803-576-2854

Headquarters Region 3, Columbia
Email hensonse@dhec.sc.gov

Policy, Politics, & Prevention – Region 4

1. Disease/Health Issue

An Advanced Stroke Life Support Initiative

Not only is stroke the third leading cause of death in the United States, but it is also the third leading cause of death in South Carolina. What's more, South Carolina has the terrible distinction of being part of the “stroke belt.” The SC Department of Health & Environmental Control’s (DHEC) Region 4 is located in the Pee Dee Region of the state, and due to high stroke death rates, this area has unfortunately been deemed the “stroke buckle” of the “stroke belt.” Strokes greatly impact hospital costs in South Carolina:

- From 1995 to 2004, charges for stroke increased by 132%
- From 1995 to 2004, average hospital charges doubled
- In 2004, hospital charges for strokes were \$368 million

A stroke can also cause many disabling affects, so early intervention is critical. Strokes are the number one cause of adult disability in the United States.

2. Type of Intervention

Policy Change and System Change

3. Short Description of the Policy and/or Environmental Change Intervention

DHEC Region 4 Cardiovascular Health Grant contracted with the state’s only certified trainer to conduct Advanced Stroke Life Support (ASLS) classes for local hospitals and emergency medical services employees. This course, developed by the University of Miami in Florida, provides a practical stroke patient assessment tool ideal for both pre-hospital and hospital use to improve disability outcomes.

Region 4 is proud to contribute to the statewide success of this program. To date, 43 of the 46 SC Counties (93 percent) are represented with at least one trainer, making this system change intervention very successful.

4. Key Partners and Alliances Involved in the Change Effort

The October 2006 ASLS training was held at Marlboro Park Hospital. McLeod Regional Medical Center provided space for the trainings in February and March, 2007. They contacted a pharmaceutical representative who provided food for both sessions.

5. Support Role of the Health Department/Staff

Our role in this project was to organize the ASLS training on the local level in accordance with the SCDHEC Heart Disease and Stroke Prevention Division initiative.

6. Factors That Were Important to Success

Organizing (with attention to details) and collaboration with the host hospital contributed to the success of the training.

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

The SCDHEC Division of Heart Disease and Stroke Prevention, along with local staff, have plans to monitor progress as per grant deliverables.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

The true purpose of the ASLS courses is to decrease morbidity among stroke victims in our state. Furthermore, these courses and other ASLS trainings throughout the state are building capacity at a systems level to improve treatment outcomes for stroke patients.

The following ASLS accomplishments have been made in Region 4:

- Three classes were held in October 2006, February 2007, and March 2007
- Sixty-eight participants agreed to conduct secondary trainings. From April 2007 to June 2007, materials were distributed to them to conduct trainings in their respective places of employment
- An additional 37 people were trained, bringing the total trained to 105 by June 30, 2007

Trained participants have gained the following:

- Increased knowledge in appropriate treatment interventions
- Compliance with current treatment guidelines

One rescue squad participant who attended a class later told his supervisor that using the ASLS information had made “all the difference in the world.” Pee Dee Regional EMS has decided to include the ASLS training for all their paramedic classes. This ongoing initiative will be sustained through the secondary trainings and has the potential of greatly influencing stroke outcomes and ultimately reducing costs. As secondary trainings are held, rosters, testing scores and evaluation forms will be sent to the Heart Disease and Stroke Prevention Division for tracking.

Submitted by:

Name Sara M. Price, MBA, MHA
Phone 843-661-4728

Headquarters Region 4, Florence
Email pricesm@dhec.sc.gov

Policy, Politics, & Prevention – Region 4

1. Disease/Health Issue

Environmental Tobacco Smoke

2. Type of Intervention

Change in tobacco policy at Francis Marion University (FMU) – no smoking in breezeways, around entrances to buildings, in offices, or in all but one on-campus housing units

3. Short Description of the Policy and/or Environmental Change Intervention

Some of the negative health effects from secondhand smoke exposure include:

- Increased risk of heart attack and stroke
- Increased susceptibility to and aggravation of colds, allergies, flu, and other viruses
- Increased frequency of asthma attacks
- Increased likelihood of lung cancer

According to the US Surgeon General, eliminating smoking in indoor spaces is the ONLY way to fully protect non-smokers from secondhand smoke exposure.

The Pee Dee Healthy People Coalition educated and advocated for the strengthening of the tobacco policies on campus at Francis Marion University. Before the 2006-2007 school year, smoking was allowed in professors' offices, in the breezeways, around building entrances, and in the on-campus housing units. The students did not like being exposed to smoke when they visited their professors. Some of the staff did not like walking through smoke as they entered buildings. And the Housing Director was tired of getting complaints about smoking in the on-campus housing units. All of these issues together helped to define our intervention.

4. Key Partners and Alliances Involved in the Change Effort

Pee Dee Healthy People is a community coalition which consists of members from DHEC, Circle Park Prevention Services, Florence County Medical Society Alliance, and other community members. This coalition partnered with the Assistant Housing Director at Francis Marion University to get the policy changed. Other key partners included the Student Government Association, the Resident Assistants, the Housing Director, and the Student Services Director.

5. Support Role of the Health Department/Staff

DHEC staff provided information on model tobacco policies from other universities from across the state and nation. DHEC staff provided training and focus group facilitation to the FMU Resident Advisors on secondhand smoke exposure. DHEC staff coordinated Pee Dee Healthy People meetings and projects.

6. Factors That Were Important to Success

- The dedication of the Assistant Housing Director at FMU
- Community support and readiness to address environmental tobacco smoke exposure

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

The student handbook outlines new policy in regards to smoking. Pee Dee Healthy People follows up periodically to see how enforcement of the new policy is progressing.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

- Cost savings due to less clean-up in housing units
- More students visiting professors' in their offices
- All housing units on campus are tobacco free except for one unit and it is often difficult to fill at the beginning of the school year. 1400 students live in on-campus housing.
- Less chance of fire in on-campus housing
- Staff satisfaction with new smoking policy

Submitted by:

Name	Lori Phillips, MPH, CHES	Headquarters	Region 4, Florence Annex
Phone	843-413-6433	Email	phillilc@dhec.sc.gov

Policy, Politics, & Prevention – Region 4

1. Disease/Health Issue

Environmental Tobacco Smoke

2. Type of Intervention

Change in tobacco policy at McLeod Regional Medical Center and Carolinas Hospital System – 100% tobacco free campuses beginning January 1, 2008

3. Short Description of the Policy and/or Environmental Change Intervention

Some of the negative health effects from secondhand smoke exposure include:

- Increased risk of heart attack and stroke
- Increased susceptibility to and aggravation of colds, allergies, flu, and other viruses
- Increased frequency of asthma attacks
- Increased likelihood of lung cancer

According to the US Surgeon General, eliminating smoking in indoor spaces is the ONLY way to fully protect nonsmokers from secondhand smoke exposure.

Pee Dee Healthy People educated and advocated for McLeod Regional Medical Center to institute a 100% tobacco free policy on campus. The reason behind wanting the hospitals in Florence to change their policies is that they are often seen as the leaders in health care in our communities and need to set an example of healthy environments for customers and employees.

4. Key Partners and Alliances Involved in the Change Effort

Pee Dee Healthy People is a community coalition which consists of members from DHEC, Circle Park Prevention Services, Florence County Medical Society Alliance, and other community members. One of the members is married to a local physician and has a father-in-law who is a high-ranking employee at McLeod Regional Medical Center. This person became a champion for the cause and was key to getting information on model tobacco policies to the CEO of the hospital.

5. Support Role of the Health Department/Staff

DHEC staff provided information on model tobacco policies from other hospitals from across the state and nation. DHEC staff coordinated Pee Dee Healthy People meetings and projects.

6. Factors That Were Important to Success

- Support with hospital leadership
- Community readiness/Pee Dee Healthy People Coalition
- Timing with the SC Hospital Association guidance

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

- Broad distribution of smoking policy in the hospital system
- Periodic follow up by the Pee Dee Healthy People Coalition on progress of policy enforcement

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

- Employees and visitors will no longer be able to use tobacco on the hospitals' campuses – this should decrease their tobacco use
- Hospitals will be seen as models for healthy workplace policies

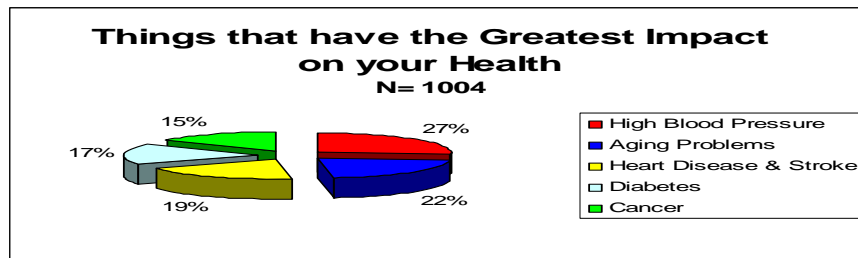
Submitted by:

Name	Lori Phillips, MPH, CHES	Headquarters	Region 4, Florence Annex
Phone	843-413-6433	Email	phillil@dhec.sc.gov

Policy, Politics, & Prevention – Region 5

1. Disease/Health Issue

Orangeburg County used MAPP (Mobilizing for Action through Planning and Partners) to identify health concerns. Our MAPP data showed High Blood Pressure as the most prevalent problem affecting the quality of health and life in our community at 29 percent. Health problems associated with aging ranked second at 20 % while diabetes and heart/stroke tie with 18 %.



To address this, the Orangeburg County Wellness Celebration was started four years ago. This Wellness Celebration brought partners together to provide free blood pressure screenings, blood glucose testing, cholesterol checks, health promotion, educational activities and resources. It is hosted at the Orangeburg Mall to centralize access and reach a wide variety of citizens. Local health programs through South Carolina State University, Claflin University, Family Health Center and the Regional Medical Center are featured.

2. Type of Intervention

This (environmental change) event has four years of success and is held the last Saturday in August of each year. Through the dedicated efforts of stakeholders this policy change occurred at the local level. The mayor has recognized the last Saturday in August as Wellness Day in Orangeburg County. Two coalition members participated in the Connect Program sponsored by Robert Wood Johnson and met with their representatives in Washington DC. As a result, we had SC Representative James Clyburn as the keynote in 2006 to support health improvement in Orangeburg County.

3. Short Description of the Policy and/or Environmental Change Intervention

As a result of the Turning Point grant, a new process was introduced to collect quantitative and qualitative data (MAPP–Mobilizing for Action through Planning and Partnerships). In 2003-2004, the Orangeburg County Health Improvement Coalition surveyed over 1,000 individuals at PTA meetings, health fairs, schools, grocery stores, and gas stations. Surveys were also conducted through the County's flu vaccine mobile van program. Residents identified high blood pressure as the top health concern affecting the quality of life in the community. Chronic disease prevention and treatment, aging issues, problems with access to care, and concerns about health leadership and health disparities also ranked high.

4. Key Partners and Alliances Involved in the Change Effort

Department of Health and Environmental Control
Orangeburg Boys & Girls Club

Clemson Extension Service
Orangeburg Consolidated School District 3

Orangeburg Consolidated School District 4
Orangeburg County Sheriff's Department
SCSU 1890 Extension Program
Tri-County Commission on Alcohol & Drug Abuse

Orangeburg Consolidated School District 5
Regional Medical Center
Union AME Church
William J. McCord Treatment Center

5. Support Role of the Health Department/Staff

The Orangeburg County Health Improvement Coalition was formed in 2002 to carry out the Turning Point philosophy of identifying health priorities using the MAPP assessment process. This group developed strategies to address priority health issues. This evolved into the Wellness Celebration Planning and Advisory Team. This group initiated bringing partners together to provide services at a centralized location in Orangeburg. The event has heightened awareness about health disparities and improved fragmented communication between agencies, organizations, etc. An Advocating for Policy Change Training was offered in 2004 to strengthen local policy development.

6. Factors That Were Important to Success

The Department of Health and Environmental Control and community partners continue to work together to facilitate public health improvement in Orangeburg County and the surrounding areas through policy and environmental change. DHEC staff provide health education to local residents and work with partners to strengthen/provide:

- Communication and collaboration between local agencies, health care providers and universities to support community health activities
- Partnerships with local schools to promote nutrition and physical activity (exercise instruction, building walking trails, conducting after-school programs, etc.)
- Community training such as Body and Soul for local health department staff and community partners to promote nutrition and physical activity. This faith-based educational program will help us address chronic conditions such as diabetes, hypertension, heart disease and cancer.

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

Monitored through the planning team and the DHEC community assessment process.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

The assessment findings have been presented to local hospital boards, South Carolina State University and other community partners to provide a picture of what's going on in the community, what residents believe are important issues, and explore funding opportunities. The list of community partners is growing and will help to assure further progress. Training efforts are supported by our new Department of Health and Human Services Contract for FY 08.

Submitted by:

Name	Barbara Grice, MS, CHES Tammy Thomasson	Headquarters	Region 5, Orangeburg
Phone	803- 533-7273	Email	thomaste@dhec.sc.gov

Policy, Politics, & Prevention – Region 6

1. Disease/Health Issue

Smoking Ban Makes Waves on Surfside Beach

The use of tobacco products by young adults poses long-term health problems and is the leading cause of death among older adults. Prolonged use often causes cancer, heart disease, lung diseases, and other chronic and expensive medical problems. The harmful effects of tobacco smoke are not only confined to smokers alone but it can also cause severe discomfort and illness to non-smokers.

2. Type of Intervention

In South Carolina, a number of communities are creating laws and ordinances to make their communities smoke-free, with Sullivan's Island leading the way. The initiation of a tobacco control policy was used as the intervention in the creation of a local smoke-free ordinance for Surfside Beach, South Carolina.

3. Short Description of the Policy and/or Environmental Change Intervention

In South Carolina, 5,900 adults will die from tobacco related illnesses annually. It is estimated that over 1,000 babies, youth and adults will die from the effects of second hand smoke annually, while over 100,000 youth under 18 will ultimately die prematurely from tobacco related diseases. (Tobacco Free Kids 2005). South Carolina Behavioral Risk Factor Surveillance System (BRFSS) data for Horry County indicates that in 2005 27% of the population were smokers compared to 24% over the state, and 23.2% nationally. These alarming statistics support the need to address laws relating to tobacco control.

Surfside Beach, incorporated in 1964 with 881 residents, is now a town of 4,425. Surfside Beach is located 4 miles South of Myrtle Beach and 85 miles North of Charleston. This 2-mile stretch of pristine beach is in the midst of the Grand Strand to which some 13.5 million people visit annually. Families visiting the beautiful Surfside Beach community can also enjoy the first Grand Strand smoke free beach. The citizens of Surfside Beach thought that the time was right for venturing into the deep waters of not only becoming a smoke free community but also incorporating smoke free beaches. The selected intervention was used because of the level of community readiness to create policy and the involvement of key policy makers to make it happen. Local media outlets covered Town Hall meetings, presenting both sides of the issue. There was opposition from a small number of citizens as well as the Mayor, however Surfside Beach has become the first smoke free community on the Grand Strand including public beaches. Visitors will bring family members of all ages, and will not have to be asked "smoking or non-smoking?"

4. Key Partners and Alliances Involved in the Change Effort

The South Carolina Department of Health And Environmental Control (DHEC) in partnership with the South Carolina Tobacco Collaborative, South Carolina African American Tobacco Control Network (SCAATN), BREATHE Tobacco Coalition and local citizens joined together to work with city officials of Surfside Beach to create an ordinance for the first smoke-free beach community of the Grand Strand. The above organizations, local citizens and city officials aligned

their strategies and conducted sessions in preparation for meetings with members of Surfside Beach City Council.

5. Support Role of the Health Department/Staff

The Region 6 Chronic Disease Manager performed an important role in assisting the key community leaders and partners in the policy development process. Workgroup meetings were facilitated and technical assistance was provided in the following areas:

- Provided sample policies to city council members to model other city smoking ordinances
- Provided visitor survey data (Charleston) was to show the potential fiscal impact of smoking in businesses in a resort area
- Presented data from a California survey to show the impact of banning tobacco use on public beaches. Control of cigarette butts and other litter issues were identified
- Utilized fact sheets, presentations and other resources used to educate community residents and city officials in the planning process
- Identified key decision makers, community residents and local agencies to lead the process

6. Factors That Were Important to Success

There were several factors that made the process of creating the ordinance a success. The level of community readiness was key in moving the process towards the development of a tobacco control ordinance. Several business owners shared with City Council the positive impact that resulted from becoming a smoke free environment. Data and policies from other communities were presented to City Council to assist in developing their local ordinance. The local champions in this effort included a member of city council and residents of Surfside Beach.

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

The local BREATHE Tobacco Coalition and supporters will monitor this ordinance by providing the City of Surfside with signage for the businesses to post in their establishments; surveying local visitors and businesses on their smoking preference and keeping data on the number of businesses / patrons not adhering to the ordinance and the consequences that follow.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

The expected impact of this policy change intervention will:

- Save on cleaning and maintenance cost (building and grounds)
- Prevent potential fires within businesses
- Control beach litter from cigarette products (packages, butts, lighters, etc.)
- Reduce insurance cost for employees and absenteeism
- Eliminate time loss for smoking breaks

Submitted by:

Name Larry A. White
Phone 843-365-3126

Headquarters Region 6, Conway
Email whitela@dhec.sc.gov

Policy, Politics, & Prevention – Region 7

1. Disease/Health Issue

Fun, Interactive Learning Opportunity Reduces Obesity Rates

One in five children in South Carolina is overweight or obese. In the last 20 years the number of overweight children has increased by more than 50 percent, and the number of “extremely” overweight children has nearly doubled. Additionally, South Carolina ranks second in deaths due to stroke; second in rates of diabetes; and fourth in terms of obesity when compared to other state

2. Type of Intervention

Color Me Healthy is an example of a policy and environmental change intervention. Color Me Healthy is a program developed to reach children ages four and five with fun, interactive learning opportunities on physical activity and healthy eating. It is designed to stimulate all of the senses of young children: touch, smell, sight, sound, and, of course, taste. Through the use of color, music, and exploration of the senses, Color Me Healthy teaches children that healthy food and physical activity are fun.

3. Short Description of the Policy and/or Environmental Change Intervention

During the 2006-2007 year, we collaborated with Dorchester County First Steps to train 100 pre-school teachers on Color Me Healthy and gave them the opportunity to have the curriculum in their classrooms. In addition, the curriculum was implemented in all 10 pre-K classrooms in the Dorchester School District II School.

For the upcoming school year, we have partnered with Berkeley, Charleston, and Dorchester Counties Head Start and Rural Mission Migrant Head Start to implement the Color Me Healthy. In addition, all 5 pre-K teachers in the Dorchester School District IV have been trained. Through these relationships, more than 1,600 children will be impacted by the curriculum.

To expand our outreach even more, an additional training has been scheduled for the new teachers in Dorchester School District II (on October 31, 2007) and with the Charleston County School District (January 2, 2008). After completion of these trainings, an additional 72 pre-K teachers and 9 parent educators will be trained.

4. Key Partners and Alliances Involved in the Change Effort

- Dorchester County First Steps
- Dorchester School District II
- Rural Mission Migrant Head Start
- Berkeley, Charleston, Dorchester Counties Head Start
- Dorchester School District IV
- Charleston County School District

5. Support Role of the Health Department/Staff

- Providing data
- Sharing public health perspectives at trainings
- Training teachers, assistant teachers, and supervisory staff on the curriculum
- Providing technical assistance and consultation on an ongoing basis

6. Factors That Were Important to Success

- Strong evidence based curriculum
- Mutually beneficial arrangements for sharing resources
- Open communication
- Recognition by all parties of the obesity epidemic and its impact on children

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

Color Me Healthy trainings continue to be offered to schools that already have the curriculum or have added classrooms. Additionally, staff is available to help with any and all hurdles that follow implementation of the new curriculum.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

To date 415 educators have been exposed to the obesity epidemic and Color Me Healthy. Implementation of Color Me Healthy has been achieved in two of the four school districts in Region 7. Charleston County is scheduled to implement Color Me Healthy after the first of the year. The Color Me Healthy Curriculum this school year will touch an estimated 3,000 children in Berkeley, Charleston and Dorchester Counties.

The goal in Region 7 is to increase the public's exposure to information about chronic diseases related to overweight and obesity, such as heart disease, stroke, diabetes and cancer. According to the American Heart Association, Cardiovascular Health Promotion in the Schools, the ultimate goal is to enable young children to make healthy lifestyle choices and develop good health behaviors in the first place, rather than learn bad habits that need to be undone later.

Submitted by:

Name Jillian Riddle
Phone 843-746-3868

Headquarters Region 7, N. Charleston
Email riddlejk@dhec.sc.gov

Policy, Politics, & Prevention – Region 7

1. Disease/Health Issue

Smoke-free workplace ordinances

2. Type of Intervention

Policy and Environmental Change

3. Short Description of the Policy and/or Environmental Change Intervention

In 2005 Medical University of South Carolina (MUSC) Hollings Cancer Center provides a grant to the South Carolina Tobacco Collaborative (SCTC) for a smoke-free campaign. In 2005 a Charleston resident survey, visitor survey, and indoor air quality tests were conducted. Surveys showed overwhelming support among visitors and residents. Air quality tests show particulate matter levels in Charleston area bars and restaurants exceed Environmental Protection Agency (EPA) standards for outdoor air by over four times.

In Aug. 2006, Charleston Metro Chamber of Commerce conducts survey of members showing overwhelming support for smoke free laws. In June 2006 the US Surgeon General declared in a report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, that there was no safe level of exposure to secondhand smoke and that the only way to make indoor air safe is to completely eliminate smoking in indoor areas. In May 2006 Sullivan's Island passed the first comprehensive smoke free ordinance in the state. In 2006 Sullivan's Island is sued by a bar that wants indoor smoking. Ordinance is upheld in court. Case is now pending before SC Supreme Court. Charleston City Council passes a smoke-free ordinance January 23, 2007 that went into effect July 23, 2007. Mt. Pleasant passed a smoking ordinance June 12, 2007 that went into effect September 1, 2007.

4. Key Partners and Alliances Involved in the Change Effort

Town of Mt. Pleasant	SC Tobacco Collaborative
Smoke Free Lowcountry Coalition	Smoke Free Action Network
SCAATN	Trident United Way
American Cancer Society	American Lung Association
City of Charleston - Paul Tinkler, Henry Fishburne	Medical University of South Carolina
ANR	Tobacco Free Kids
The SC Municipal Association	
Town of Sullivan's Island – Everett Presson, Mark Tanenbaum (City Attorney)	

5. Support Role of the Health Department/Staff

- Providing data
- Supplying science-based evidence to decision makers
- Education to municipal and county councils
- Distribution of public flyers/emails
- Delivery of public health perspective at hearings and meetings

6. Factors That Were Important to Success

- Strong science-based evidence
- US Surgeon General 2006 Report - *The Health Consequences of Involuntary Exposure to Tobacco Smoke*
- Collaboration with traditional and non-traditional partners
- Grass roots support
- Surveys of local businesses, restaurants, residents and visitors
- Air Quality Studies
- Submission of articles to newspapers
- Media attention to the issue
- Support from key decision makers (local scientists, lawyers, councilmen, etc.)
- Passing good ordinances
- Funding for media and educational campaigns

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

Plans have been made to conduct post air quality tests and publicizing the results. Media outlets are reporting results of these environmental changes already. Restaurants have reported increases in non-smoking customers. A website has been set up by the city to answer questions about the ordinance and provide directions for reporting violations. It is believed the SC Supreme Court decision will uphold the right of local municipalities to pass their own laws. Other municipalities have been influenced by Charleston's actions and continue to pass local ordinances to protect their residents and visitors. It is believed that continued passing of local ordinances by local municipalities will help send a message to the SC Supreme Court that local control is necessary and desired by the citizens of South Carolina.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

Region 7 expects the new ordinances will decrease the public's exposure to secondhand smoke and to decrease the incidence of chronic diseases such as asthma, heart disease, and lung cancer. The impact of the policy and environmental change will bring about behavior changes that will impact hospital admissions for asthma and heart attacks. The percentage of smokers should decrease also as a result of these changes and the promotion of available cessation resources. Citizens will now be able to work and dine in a more comfortable and healthier environment.

Submitted by:

Name Martha Dunlap, MAT, CHES
Phone 843-746-3875

Headquarters Region 7, N. Charleston
Email dunlapmp@dhec.sc.gov

Policy, Politics, & Prevention – Region 7

1. Disease/Health Issue

HIV/ AIDS Crisis

For the two-year period 2004-2005, 182 persons were newly diagnosed with HIV in the counties comprising Region 7. This represents 11% of the total cases diagnosed in South Carolina. Compared to the 1998-1999 period, there has been a 27% decrease of new cases of HIV for 2004-2005 period. By Race/Ethnicity, among persons diagnosed with HIV/AIDS in Region 7, 64% are African American; 29% are white; 5% are Hispanic. African Americans have a case rate 4 times greater than white persons in Region 7. The proportion of new infections that are reported in Hispanics/Latinos is greater than the total number of Hispanic/Latino persons living with HIV in South Carolina (5% vs. 4%).

Among Women: Women recently diagnosed with HIV/AIDS in Region 7 are mostly African American (80%); 20% are white. Of the 31 women reporting risk, all indicated heterosexual sex as their exposure to HIV.

Among Men: 57% of men recently diagnosed in Region 7 are African American; 37% are white; 5% are Hispanic. Of the 78 men reporting risk, 72% are men who have sex with men, 23% are exposed through heterosexual sex; 5% are injecting drug users.

The above statistics paint a picture of the HIV epidemic in Region 7. These are critical times for people living with HIV (including AIDS) in our state and nation. There are increasing needs for prevention, treatment, and care services. Engaging the community and building capacity among community organizations are ongoing prevention strategies.

2. Type of Intervention

Policy and Environmental Change

3. Short Description of the Policy and/or Environmental Change Intervention

SCDHEC Region 7 is a certified partner of The Balm In Gilead, a non-governmental organization whose mission is to improve the health status of people of the African Diaspora by building the capacity of faith communities to address life-threatening diseases, especially HIV/AIDS. Programs of The Balm In Gilead include: ***The Black Church Week of Prayer*** which is a week-long education and awareness campaign that highlights the role of the Black Church in addressing the AIDS crisis and ***Our Church Lights the Way: The Black Church HIV Testing Campaign***, which encourages African American churches to serve as testing sites. The programs also encourage African Americans to know their status and to get tested.

4. Key Partners and Alliances Involved in the Change Effort

Delta Sigma Theta Sorority Incorporated
Health Director for the 7th Episcopal AME District
Graham AME Church AIDS Care Team
Mt. Moriah Missionary Baptist Church AIDS Care Team
The Charleston Post and Courier Newspaper
Tri-County Black Church Week of Prayer Planning Committee (8 churches)

Lowcounty AIDS Services
The Chronicle Newspaper
Citadel Broadcasting
Comcast Cable

5. Support Role of the Health Department/Staff

Health Department staff was instrumental in collaborating with Tri-County Black Church Week of Prayer, in providing grant writing technical assistance for funding, the development of a 30 second PSA and video for the African American Faith Community. Health Department staff also provided technical assistance with community partners on the development of weeklong activities in various churches, distribution of HIV/AIDS literature to a variety of churches, press releases, radio spots, and community based testing.

6. Factors That Were Important to Success

Collaboration with a diverse group of African American Faith leaders representing a variety of denominations was important to the success of this program. The media is a powerful vehicle, and was instrumental in the success of this program. The SCDHEC Region 7 HIV Program Manager is a member of Mt. Moriah Missionary Baptist Church AIDS Care Team. Their efforts helped to integrate the program into Mt. Moriah Missionary Baptist Church operational practices.

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

Plans for monitoring and evaluation are ongoing and will culminate in an annual report/evaluation of program activities.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

One expected impact is to reduce the stigma associated with HIV testing and this disease. Stigma affects American attitudes towards people with HIV/AIDS. One in five adults said they “feared People With AIDS ” (Herek, et al, 2002). One in six admitted to feelings of “disgust” related to People With AIDS (CDC: MMWR, 2000). Almost 20% of people endorsed the statement; “People who got AIDS through sex or drug use have gotten what they deserve” (CDC, MMWR, 2000). The Balm In Gilead Programs seeks to educate and to raise awareness, thus, creating a more non-judgmental and supportive environment.

In March of 2007, 19 churches in SCDHEC Region 7 participated in The Black Church Week of Prayer, delivering an HIV/AIDS message to approximately 10,000 congregants. Approximately 2,000 pieces of HIV/AIDS literature was distributed. In July of 2007, we launched ***Our Church Lights The Way: The Black Church HIV Testing Campaign.***

This was a partnership between Mt. Moriah Missionary Baptist Church, The Balm In Gilead, Abbots Pharmaceutical and Lowcountry AIDS Services to offer community based testing in a church setting. Thirty-one individuals were tested through this campaign. SCHDEC Region 7 hopes to expand this program of The Balm In Gilead to 25 additional churches in 2008.

Submitted by:

Name Catherine M. Lamkin, MPH
Phone 843-746-3869

Headquarters Region 7, N. Charleston
Email lamkincm@dhec.sc.gov

Policy, Politics, & Prevention – Region 8

1. Disease/Health Issue

Smoke-free workplace ordinances

2. Type of Intervention

Policy and Environmental Change

3. Short Description of the Policy and/or Environmental Change Intervention

There has been much discussion about smoking in public since the US Surgeon General released the report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, in 2006. In fact, counties and municipalities are recognizing their responsibility to protect citizens from secondhand smoke exposure in the workplace. Secondhand smoke causes death and disease in those who do not smoke and eliminating smoking in workplaces greatly reduces the exposure of the public to secondhand smoke. In addition to having smoke-free health department workplaces throughout Region 8, the Region has played an active role in the establishment of county and municipal smoke-free workplace ordinances in unincorporated Beaufort County, the Town of Hilton Head, and the Town of Bluffton.

4. Key Partners and Alliances Involved in the Change Effort

- Beaufort County
- Town of Hilton Head
- Town of Bluffton
- City of Beaufort
- SC Tobacco Collaborative
- Beaufort Regional Chamber of Commerce
- Hilton Head Island Hospitality Association

5. Support Role of the Health Department/Staff

- Providing data
- Supplying science-based evidence to decision makers
- Education to municipal and county councils
- Distribution of public flyers
- Delivery of public health perspective at hearings and meetings

6. Factors That Were Important to Success

- Strong science-based evidence
- Collaboration
- Surveys of local businesses and restaurants
- Submission of articles to newspapers
- Support from key decision makers (local scientists, ex-judges, ex-councilmen, etc.)

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

Region 8 plans to continue to work closely with the City of Beaufort and the Town of Port Royal as well as Colleton, Hampton, and Jasper counties so that residents in those areas may be provided the same protections. It will be necessary to track the progress of legal challenges to local ordinances so as to decrease the barriers to passing ordinances in other communities.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

The expected impact in Region 8 is to decrease the public's exposure to secondhand smoke. This will hopefully decrease chronic diseases such as asthma, heart disease, and lung cancer. The education and awareness will inevitably bring about behavior changes that will make our population healthier.

Submitted by:

Name Nick Davidson
Phone 843-525-4028

Headquarters Region 8, Port Royal
Email davidsne@dhec.sc.gov

Policy, Politics, & Prevention - STD/HIV-ADAP

1. Disease/Health Issue

In South Carolina through June 30, 2006, a total of 21,321 people have had HIV/AIDS and 7,487 people have died from HIV/AIDS. In SC, over 15,000 were estimated to be living with HIV at the end of 2005, and there are nearly 800 new infections diagnosed per year. HIV drugs account for 75% of the costs of early HIV/AIDS care. Many South Carolinians with HIV/AIDS lack health insurance and/or an adequate income to pay for HIV/AIDS care. They depend on Medicaid, Medicare, disability insurance and/or direct financial help from the State through the AIDS Drug Assistance Program (ADAP).

In June of 2006, the South Carolina ADAP was forced to implement a wait list due to the increased number of persons living with HIV/AIDS, increased drug cost, and decreased funding. As a result, federal and state funding was not comparable to the demand. For example, South Carolina had much less state funds budgeted for ADAP and HIV Core Services in comparison with other southern states. South Carolina averaged approximately \$39 per person in State ADAP funds, compared to \$680 and \$614 per person in Georgia and North Carolina, respectively.

2. Type of Intervention

Policy and Environmental Change

3. Short Description of the Policy and/or Environmental Change Intervention

As a result, several community partners sprang into action and spearheaded the formation of the HIV/ AIDS Care Crisis Task Force. The goal of the Task Force was to obtain adequate funding for ADAP and HIV/ AIDS Core Services. The method was grassroots advocacy targeted at State representatives and local officials to influence change. The objective was to urge the State Legislature to allocate \$8 million in recurring funds in FY '08 for South Carolina ADAP and HIV/ AIDS Core Services. To be precise, \$5 million of the request was for ADAP and \$3 million for HIV/ AIDS Core Services.

4. Key Partners and Alliances Involved in the Change Effort

- Community-based HIV/AIDS service organizations
- Local Ryan White Parts B, C, and D providers
- Local health departments
- Private medical providers
- Public and private sectors
- Consumers
- Media
- Key legislators

5. Support Role of the Health Department/Staff

Central Office staff assisted via the collection of data and provided the Task Force with necessary updates and program changes. Local health departments also sought out additional funding sources during the wait list crisis. Local Health Department was also very instrumental in collaborating with community partners on the development of fact sheets and educational materials.

6. Factors That Were Important to Success

Community collaboration and support were vital to the success of the HIV/ AIDS Care Crisis Task Force. Having a state representative serve as a champion and take the lead on this effort was critical to accomplishing goals.

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

Monitoring of the AIDS care crisis is ongoing. With a constant influx of new ADAP applications, as well as increased HIV testing initiatives around the state, there will be an increasing demand for ADAP and HIV/AIDS Core Services. As a result, SCDHEC will continue to monitor and evaluate the sufficiency of resources required to support ADAP and HIV/AIDS Core Services for South Carolinians. SCDHEC will continue to collaborate with the HIV/AIDS Care Crisis Task Force to address unmet needs.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

In June of 2007, the State Legislature allocated \$4 million for ADAP: \$3 million in recurring funds and a \$1 million “one time award.” Funding ultimately resulted in the elimination of the wait list.

Submitted by:

Name Sonya Bayone
Phone 803- 898-0829

Headquarters Mills/Jarrett Complex, Columbia
Email bayonesh@dhec.sc.gov

Policy, Politics, & Prevention – Obesity Prevention

1. Disease/Health Issue

Breastfeeding

2. Type of Intervention

Environmental Change

3. Short Description of the Policy and/or Environmental Change Intervention

Recently, the Division of Obesity Prevention and Control (DOPC) learned that at least 5 women working for the state health agency at the Heritage Building would be returning to work soon or would be delivering within the next few months. Knowing that mothers who continue breastfeeding after returning to work need the support of their coworkers, supervisors, and others in the workplace, DOPC began to identify potential spaces at the Heritage Building to establish a lactation room. As in most offices, there really wasn't a lot of extra space available in the Heritage Building. A storage closet on the first floor of the building was identified as the option available for the lactation room. The DOPC team led the renovation efforts, and along with a few other staff from the Bureau of Community Health and Chronic Disease Prevention, created a breastfeeding-friendly environment at the Heritage Building.

Since there were minimal resources available for setting up the room, staff worked extra time (off the clock), checked on surplus furniture, and supplied many items for the room from their homes to truly give this space that extra special touch needed for the new mothers. A small refrigerator was the significant outside purchase for the room. For less than \$250, a plain storage closet was transformed into a Mother's Lounge!

The Mother's Lounge has been a success. Shortly after the establishment of the Mother's Lounge, the SC WIC program contributed a wonderful glider for use in the room. It has received rave reviews from the new mothers currently using the room, from the mothers-to-be who will be using the room, and from co-workers who have been incredibly supportive of this effort. Environmental supports such as the Mother's Lounge work to reduce some of the barriers new mothers face by assisting those who want to continue breastfeeding.

4. Key Partners and Alliances Involved in the Change Effort

- SC WIC Program
- SC Breastfeeding Coalition
- SC African-American Breastfeeding Alliance

5. Support Role of the Health Department/Staff

Staff worked to educate decision makers and other employees on the importance of supporting breastfeeding at the worksite and provided technical assistance throughout the project.

6. Factors That Were Important to Success

Strong data and evidence for the benefits of breastfeeding in the worksite helped build the case for implementation. Support from key decision makers and the dedication of staff champions have made this project a success.

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

Key informant interviews are continuing to take place. A survey will be distributed to all new mothers in January 2008.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

In addition to numerous health benefits of breastfeeding to mother and baby, benefits to the workplace include:

- Reducing staff turnover and loss of trained workers after the birth of a child
- Reducing absenteeism for workers because breastfed infants are more resistant to illness
- Lowering health care costs associated with healthier, breastfed infants
- Improving employee productivity, employee satisfaction, higher morale and greater loyalty
- Improving the image in the community as a family-friendly workplace.

The hope is that the Heritage Building's Mother's Lounge continues to serve as a model for other DHEC sites and other businesses to implement environmental changes to support breastfeeding at the worksite.

Submitted by:

Name	Teresa Hill, MS, RD Jill Pfankuch, MS, CHES	Headquarters	Heritage Building, Columbia
Phone	803-545-4477 or 545-4478	Email	hillte@dhec.sc.gov pfankujm@dhec.sc.gov

Policy, Politics, & Prevention – Tobacco Prevention and Control

1. Disease/Health Issue

Up in Smoke: Tobacco-Free Policies Eliminate Smoking on Hospital Grounds

Patients in hospital gowns, IV's attached and oxygen tanks in tow dragging on the last inch of a cigarette while standing outside the entrance to a hospital, is always an incredulous sight. It is one mind-boggling enough to make passers by gawk to see such a display of complete disregard for the rampant health hazards of tobacco use at a place where healing and wellness are supposed to be top priorities.

Unfortunately, until a few months ago this scene was not uncommon on hospital campuses throughout South Carolina. Smoking is the single greatest preventable cause of disease and death, according to the U.S. Surgeon General. In the report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, our nation's top public health official concluded, "there is no risk-free level of exposure to secondhand smoke." Yet, secondhand smoke results in an estimated 580 to 1,030 deaths in South Carolina annually.

2. Type of Intervention

Policy and Environmental Change

3. Short Description of the Policy and/or Environmental Change Intervention

In the wake of the Surgeon General's June 2006 report, The Division of Tobacco Prevention and Control at the S.C. Department of Health and Environmental Control employed various strategies to reduce secondhand smoke exposure. One key action included promoting adoption of 100 percent tobacco-free policies in hospital buildings and grounds throughout the state. Specific tactics included:

- Developing a model 100 percent tobacco-free policy for healthcare facilities to ensure a tobacco-free environment for all employees, contractors and visitors within buildings, vehicles, grounds and at all sponsored events;
- Creating and using a toolkit to help facilities successfully adopt and implement policies;
- Serving as consultants and resident experts on secondhand smoke. Staff members attended hospital board meetings, met with transitional teams and were generally "on call" to assist hospitals as they converted to 100 percent tobacco-free campuses; and
- Working with partners such as the S.C. Tobacco Collaborative and the S.C. Hospital Association to promote policy adoption;
- Producing and distributing a map to pinpoint the number and location of tobacco-free hospitals in South Carolina.

4. Key Partners and Alliances Involved in the Change Effort

- S.C. Tobacco Collaborative
- S.C. Hospital Association to promote policy adoption

5. Support Role of the Health Department/Staff

- Providing training and technical assistance
- Providing data and science based evidence to decision makers

6. Factors That Were Important to Success

- Community collaboration
- Supportive decision makers
- Community support and readiness
- Strong data/science base

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

Smoke-free policies will be monitored and evaluated as per state plans and federal grant deliverables.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

Thanks to the above efforts, many S.C. hospitals have realized the importance of adopting and enforcing 100 percent tobacco-free policies for their buildings *and* grounds to protect everyone from secondhand smoke exposure and relay a positive health message. Results include:

- Forty nine hospitals adopted a 100% tobacco-free policy for their campuses, completely eliminating secondhand smoke exposure for thousands of hospital employees, contractors, patients, and visitors each year;
- The S.C. Hospital Association passed a resolution encouraging all hospitals to go smoke-free in buildings and on grounds by November 2007;
- More than 10 hospitals are considering strengthening tobacco-free policies by November 2007;
- Cessation services and referrals are an integral component of new policy changes.

Submitted by:

Name Hellen Dekle, M.Ed
Phone 803-545-4463

Headquarters Heritage Building, Columbia
Email deklehe@dhec.sc.gov

Policy, Politics, & Prevention – Heart Disease and Stroke Prevention

1. Disease/Health Issue

Turning Guidelines into Lifelines for Treatment of Cardiovascular Disease

Imagine yourself sitting in a hospital bed. You suddenly feel disoriented, can't speak clearly, and the drink of water you just took rolls out of your drooping mouth. Your nurse witnesses these symptoms, then immediately activates the stroke intervention team; you're whisked to the CT scan, given Tissue Plasminogen Activator (tPA) medication, and a thrombectomy is performed. Thanks to this team's fast response and adherence to medical guidelines, that same evening you were able to move and speak clearly! This real life success story took place in a S.C. hospital that has been designated as a Joint Commission on Accreditation of Healthcare Organizations Stroke Center. The alternative...

- Heart disease and stroke accounted for 86,417 hospitalizations in S.C. during 2004, totaling more than \$2.8 billion;
- Cardiovascular disease is S.C.'s leading killer for both men and women among all racial and ethnic groups; and
- During 2004, 12,597 South Carolinians died from cardiovascular disease – more than the total number of people who died from all cancers, pneumonia, influenza, and car accidents combined.

There will always be a critical need for every patient to receive the right care every time. In order to accomplish this, tools are necessary that remove physician practice bias, eliminate errors and omissions, and promote standard treatment protocols.

2. Type of Intervention

- Health System Change
- Policy Intervention

3. Short Description of the Policy and/or Environmental Change Intervention

Get With The Guidelines (GWTG) is the American Heart Association /American Stroke Association's (AHA/ASA) premier hospital-based quality improvement initiative. This initiative helps ensure that a hospital's treatment of coronary artery disease (CAD), heart failure (HF) and stroke is aligned with the most current scientific guidelines and evidence-based treatments and therapies. Through a partnership between the S.C. Department of Health & Environmental Control (DHEC) and AHA/ASA, with support from the S.C. Hospital Association, hospitals have recognized improved outcomes through the GWTG initiative. Quality improvement intervention is accomplished through providing an interactive assessment and reporting system, formation of quality improvement teams led by physician and nurse champions, regular collaboration and educational opportunities through workshop events, and ongoing technical assistance.

- The DHEC Heart Disease and Stroke Prevention Division provides support to S.C. hospitals utilizing 31 of the CAD/HF and stroke GWTG modules, through licensure of the patient management tool and support which enables the implementation of the GWTG quality improvement initiative; and

- Ongoing GWTG Workshops address delivery of scientific guidelines and the practice of evidence-based medicine, data sharing and dissemination, and collaboration with prospective and participating GWTG hospitals.

4. Key Partners and Alliances Involved in the Change Effort

- American Heart Association
- American Stroke Association
- SC Hospital Association

5. Support Role of the Health Department/Staff

- Providing training and technical assistance
- Providing data and science based evidence to decision makers

6. Factors That Were Important to Success

- Strong healthcare partnerships
- Supportive decision makers
- Strong data/science base

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

GWTG will be monitored and evaluated as per state plans and federal grant deliverables.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

Hospitals that have implemented GWTG as policy in managing their CAD, HF and stroke patients have significantly improved their overall compliance with treatment protocols, resulting in improved patient outcomes. The following have been accomplished:

- A total of nine workshops have been held to provide introduction to the GWTG initiative and to provide support to the GWTG hospitals in their quality improvement initiatives;
- To date, 51% of S.C. acute care hospitals have implemented at least one GWTG module for hospital quality improvement for cardiovascular disease; and
- Three hospitals throughout the state (Sisters of Charity Providence Hospital in Columbia, Self Regional Healthcare in Greenwood, and Bon Secours St. Francis Health System in Greenville) have received Performance Achievement Awards from AHA in recognition of commitment and success in implementing a higher standard of cardiac care.

Submitted by:

Name Joe Brooks, MHA
Phone 803-545-4497

Headquarters Heritage Building, Columbia
Email brooksjf@dhec.sc.gov

Policy, Politics, & Prevention – Injury and Violence Prevention

1. Disease/Health Issue

Worldwide violence is among the leading causes of death for people aged 15-44 years; as such, prevention of violent deaths is a recognized global priority for public health by the World Health Organization. In the United States of America, violence is a large public health burden. According to the Centers for Disease Control and Prevention (CDC), more than 46,000 Americans die from violence annually; and of these, more than 60% die by suicide. According to South Carolina Vital Records, from 1999-2004 suicide is one of the top five causes of death among SC residents aged 10-34 years, and is the third leading cause of death of those aged 18-24 years. Homicide is the second leading cause of death for residents aged 15-24 years and the third leading cause of death for those aged 25-34 years.

2. Type of Intervention

The South Carolina Violent Death Reporting System (SCVDRS) is part of the National Violent Death Reporting System (NVDRS), a federally funded violent death surveillance program administered through the Centers for Disease Control and Prevention. The purpose of SCVDRS is to provide state and other stakeholders with timely and accurate data about violent death for use in prevention efforts. By integrating data from death certificates, law enforcement and coroner reports, SCVDRS can provide who, what, when, where, why, and how of violent incidents and offer insight into the optimal points for community and programmatic intervention. These collaborative efforts demonstrate policy change and system change to accomplish goals.

3. Short Description of the Policy and/or Environmental Change Intervention

Through the implementation and maintenance of the system, non-traditional partnerships were created and/or strengthened. Through these partnerships the data is collected, analyzed and disseminated. SCVDRS data has been used by partners to win grants, strengthen community coalitions and support the South Carolina Suicide Prevention State Plan.

4. Key Partners and Alliances Involved in the Change Effort

- SC Dept. of Health & Environmental Control-Division of Injury & Violence Prevention
- SC Dept. of Health & Environmental Control-Public Health Statistics & Information Services
- SC Dept. of Health & Environmental Control-Emergency Management Systems
- SC Budget & Control Board-Office of Research and Statistics
- SC State Child Fatality Advisory Committee
- SC State Law Enforcement Division
- SC Coroner's Association
- SC Sheriff's Association
- SC Police Chief's Association
- SC Coalition Against Domestic Violence & Sexual Assault
- SC Hospital Association
- Mental Health America – South Carolina

- SC Dept. of Public Safety
- SC Law Enforcement Officer's Association
- SC Dept. of Mental Health
- SC Dept. of Alcohol & Other Drug Abuse Services

5. Support Role of the Health Department/Staff

The program is housed in the Division of Injury and Violence Prevention (DIVP), South Carolina Department of Health and Environmental Control. DIVP staff works with staff in Public Health Statistics and Information Services (PHSIS), South Carolina Department of Health and Environmental Control to identify cases for inclusion and for analysis. DIVP staff coordinates the grant, obtain and enter coroner and law enforcement data, and works with internal and external partners to disseminate data for programmatic use.

6. Factors That Were Important to Success

- Open communication between partners.
- Diverse Advisory Council with equal footing between members.
- Mutually beneficial arrangements for sharing data.
- Program willingness to work with all partners to determine how to best use the data.

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

- Annual reports of surveillance activities and completion of grant objectives.
- Partners share uses of data with DIVP staff.
- Participation in CDC evaluation activities.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

- Governor signed the South Carolina Suicide Prevention State Plan.
- Mental Health America received a \$1.2 million grant from the federal Substance Abuse and Mental Health Services Administration (SAMSHA).
- Yearly Violence Prevention and Data Dissemination Meeting to disseminate data, share resources, provide examples of effective prevention programs and allow stakeholders to network.

Submitted by:

Name Megan Weis, MPH, CHES
Phone 803-898-0441

Headquarters Mills/Jarrett Complex, Columbia
Email weisma@dhec.sc.gov

Policy, Politics, & Prevention – Injury Prevention/Child Fatality

1. Disease/Health Issue

In South Carolina from July 1, 2003 to June 30, 2004, there were 10,058 incidents of child abuse reported to SC Department of Social Services. Between 3 and 4 South Carolina children are abused every hour, everyday. According to the US Department of Health and Human Services, it is estimated that the actual incidents of child abuse and neglect to be three times greater than the reported number. The 2004 Kids Count Data book ranks SC 46th in the well-being of children - SC's second worst rating during the past decade. This data is based on infant mortality rates, births to teens, violent teen deaths, child deaths, idle teen and single-parent families. Child maltreatment is not just limited to death or physical abuse. It captures physical neglect, nutritional deprivation and mental abuse.

2. Type of Intervention

The SC Prevent Team, is comprised of representatives from the SC Department of Social Services, SC Department of Education, State Child Fatality Advisory Committee, Prevent Child Abuse South Carolina, Voice of SC's Children, Family Connections and Parents' Anonymous. The organizational goal is to reduce the incidence of child maltreatment and abuse in South Carolina. The funding from the Centers of Disease Control and Prevention supported the Prevent Child Maltreatment Institute which was hosted by the UNC Chapel Hill Injury Center. The institute provided instruction, guidance, and assistance in directing efforts to reduce child maltreatment and increase child well being in SC. A comprehensive plan to address child maltreatment in SC was developed which targeted the entire state with emphasis in Orangeburg, SC. These collaborative efforts demonstrate policy change and system change to accomplish goals.

3. Short Description of the Policy and/or Environmental Change Intervention

Child maltreatment not only affects the child directly but it has catastrophic effects on the family and communities in which the incidences occur. The affects can lead into adulthood and dramatically alter the success of an individual. A pilot project was initiated in Orangeburg, SC, because of the central location in the state. The number of violent deaths of children in the Orangeburg community showed a great need for intervention. A community assessment survey was completed and analyzed. Focus groups were also held to get information and feedback on what specific areas of child maltreatment the community felt should be addressed.

4. Key Partners and Alliances Involved in the Change Effort

There are numerous state and local stakeholders involved in the development and the direction of the plan to secure positive outcomes for children. They have a vested interest in the success of reducing child maltreatment in SC. Partners include:

- Prevent Child Abuse SC
- SC Department of Social Services
- SC Department of Education
- SC Department of Health and Environmental Control
- Parents Anonymous

- State Child Fatality Advisory Committee
- Voices of South Carolina Children
- Family Connections
- The Regional Medical Center – Orangeburg, SC
- Faith Community

5. Support Role of the Health Department/Staff

The Orangeburg Health Department in Region 5 was very supportive in working with the Regional Medical Center in securing meeting locations. Support from the health department enhanced the willingness of other community stakeholders to participate in the effort. Technical assistance was provided by the SC Prevent Team and Central Office staff in the Division of Injury and Violence Prevention.

6. Factors That Were Important to Success

- Utilization of community assessment data to drive decision making
- Community taking ownership to create positive changes based on data
- Collaboration of many stakeholders to address child maltreatment and child well being

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

- Evaluation of data from vital records, and other sources
- Continued support through facilitation and technical assistance to the Orangeburg community by members of the SC Prevent Team
- Utilization of an evaluation tool to assess progress with the project

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

The issue of child maltreatment should not be solely focused on child abuse but on child well being. The hope is that changing attitudes can allow people to see the many positive possibilities and outcomes for the children of SC. The goal is to increase community awareness that child maltreatment is not just about physical abuse. It can take shape in many forms.

Submitted by:

Name	Keisha Adams	Headquarters	Mills/Jarrett, Columbia
Phone	803-898-4153	Email	adamsk@dhcc.sc.gov

Policy, Politics, & Prevention – Oral Health

1. Disease/Health Issue

Oral Health Services for Children

2. Type of Intervention

Policy and environmental change utilizing fluoride varnish application for children in primary care physicians' offices

3. Short Description of the Policy and/or Environmental Change Intervention

Oral health is an essential component of overall health throughout life. There is a high prevalence of oral disease among children in general. South Carolina's kindergarten children are more likely to have experienced tooth decay than other kindergarten children in the country as a whole.

An educational effort targeting policy makers in the state of South Carolina has resulted in a major step towards long-term prevention of dental caries in children. Effective August 1, 2007, the South Carolina Department of Health and Human Services (SCDHHS) will cover the application of topical fluoride varnish for children up to three years old in a primary care physician's office during Early Periodic, Screening, Diagnostic and Treatment (EPSDT) well child visits. The purpose of applying fluoride varnish during an EPSDT well child visit is to increase access to preventive dental treatment in an effort to intercept and prevent Early childhood caries in children at moderate to high risk for dental caries.

Lack of access to fluoridated water, lack of access to education on dental health, lack of sufficient dental home care, lack of dental exams or treatment, family history of tooth decay, and high sugar diet are factors in determining if a child is at high risk for dental services.

Fluoride varnish is a topical agent containing a high concentration of fluoride in a resin or synthetic base. Fluoride varnishes are painted directly onto teeth and are intended to remain in close contact with enamel for several hours. An oral prophylaxis is not required prior to applying fluoride varnish.

4. Key Partners and Alliances Involved in the Change Effort

- SC Department of Health and Human Services
- SC Department of Health and Environmental Control
- South Carolina Oral Health Advisory Council and Coalition
- Medical community
- Dental community

5. Support Role of the Health Department/Staff

The Division of Oral Health provided the South Carolina Oral Health Advisory Council the data and outcomes from a number of sources. These include: the 2002 Oral Health Needs Assessment of Kindergarten and Third Grade children, and the *More Smiling Faces* Pilot Project that established medical–dental networks in six rural counties. The Advisory Council includes representation from the Department of Health and Human Services Dental Medicaid Program.

6. Factors That Were Important to Success

Several factors that set the stage for success were: the More Smiling Faces Project, Pediatric Oral Health Pilot Project, the MUSC Pediatrics Georgetown Pediatric Fluoride Varnish pilot project, the South Carolina Oral Health Advisory Council. A strong data/science base for fluoride varnish application, broad based community support and success with previous pilots were key factors in the establishment of this new initiative.

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

Grants have been submitted to determine how the new Medicaid reimbursement policy that allows primary care providers to apply fluoride varnish for the target population affects connectivity to dentists.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

Fluoride varnish has been shown to prevent or reduce caries in the primary teeth of young children (ADA 2006; Weintraub, Ramos-Gomez, June, 2006; Lawrence, 2006). Reductions in dental caries of 18% to 25% were demonstrated when preventive care was initiated before caries was observed.

Submitted by:

Name Christine Veschusio, RDH, MA
Phone 803-898-0830

Headquarters Mills/Jarrett Complex, Columbia
Email veschucn@dhec.sc.gov

Policy, Politics, & Prevention – Physical Activity

1. Disease/Health Issue

Engaging Local Government for Improved Bike & Pedestrian Pathways

Garrett Wonders, a Charleston area bicyclist and Naval Officer, had real hopes of competing in the Olympic Games in Athens. Regretfully, Garrett was killed by a driver while riding his bike near Moncks Corner. He joined numerous others whose bicycling deaths have combined to consistently place South Carolina's roads amongst the most dangerous roads in the nation. Since the year 2000, South Carolina has had the 2nd, 3rd and 9th highest rate of bicycling deaths per capita in the United States. Active transportation is a strong link in re-engineering physical activity back into the lives of South Carolinians, but access and safety are paramount to making it more universal.

2. Type of Intervention

Policy and Environmental Change

3. Short Description of the Policy and/or Environmental Change Intervention

The South Carolina Department of Health and Environmental Control's Physical Activity Consultant, as a Preventive Health and Health Services Block Grant-funded employee, re-established the Central Midlands Bicycle and Pedestrian Subcommittee six years ago. Since that time, he has worked as chairperson with the Central Midlands Council of Governments (CMCOG) for the group. The fundamental purpose for CMCOG staff's involvement with the Bicycle & Pedestrian Committee is to assist with implementing the CMCOG *Bike & Pedestrian Pathways Plan* to improve and increase facilities for alternative modes of transportation, including bicycling, running and walking.

4. Key Partners and Alliances Involved in the Change Effort

- SCDHEC Bureau of Community Health and Chronic Disease Prevention
- SCDHEC Bureau of Air Quality
- Palmetto Cycling Coalition
- USC Prevention Research Center

5. Support Role of the Health Department/Staff

- Providing training and technical assistance
- Providing data and science based evidence to decision makers

6. Factors That Were Important to Success

- Community collaboration
- Supportive decision makers
- Community support and readiness
- Strong data/science base

7. Plans for Monitoring or Evaluating the Policy and/or Environmental Change Intervention

CMCOG will monitor the implementation of Bike and Pedestrian Pathways Plan.

8. Current or Expected Impact of the Policy and/or Environmental Change Intervention

The establishment of the Central Midlands Bicycle and Pedestrian Subcommittee makes the CMCOG eligible for certain types of federal funding. Over the past year, the CMCOG staff and subcommittee have participated in a variety of activities in support of this goal. Highlights of these activities include:

- Continued participation in workshops and conferences, such as SCDOT's Safe Routes To School Training and SC Coalition for Promoting Physical Activity's 2007 Obesity Prevention Conference;
- Awareness initiatives, such as promotions of National Bike Month (i.e. Bike-To-Work Day) and Ozone Alert Season;
- Assistance to area towns and cities regarding designation of possible bike routes and locations of signage, such as staff's involvement with the City of Columbia's Bicycle Friendly Community Committee;
- Encouragement/outreach efforts to area decision makers, appealing for them to incorporate the principles and design practices noted in the Pathways Plan in their local land development regulations; and
- Implementation of Columbia Bicycle & Pedestrian Week, designed to engage community members, elected officials, business leaders, and professional staff in the transportation planning process. The goal is to make the City of Columbia bicycle and pedestrian friendly, improve safety for all of Columbia bicyclists and pedestrians, and educate the city's citizens, leaders, and educators on the value and importance of bicycling and walking for healthy lifestyles and communities.

Submitted by:

Name Jay Daniels, MPH
Phone 803-545-4486

Headquarters Heritage Building, Columbia
Email danielje@dhec.sc.gov

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